U S Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215 0188 Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Fallura to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U / 2463	2 Fiscal Year Covered From
	01 /01 /2004 Through 12/31 /2004
3 Name and address of person filing	4 Name file number and address of labor organization
Name THOMAS M DOWLING	Name LABORERS' LOCAL 773
	Labor Organization File Number OZI - IZT
PO Box Bldg Room No if any	PO Box Building and Room Number, If any PO Box 1770
Street RT #1, Box 95 AD	Street 1115 E MAIN ST
CITY GOLCONDA 62938 - 9723	CHY MARION - 62959-8115 -
State IL 62938 - 9723	State IL ZIP Code + 4
5 Position In labor organization FIELD REPRESEN	TATIVE

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with monetary value from an employer whose employees your organ	or derived income or other economic benefit of ization represents or is actively seeking to represent
6 Name and address of Employer (including trade name if any)	7 a. Nature of Interest, Transaction or Income
Name	
Trade Name if any	
PO Box Bidg Room No If any	
	7 b Amount.
Street	
City	
State ZIP Code + 4	

Signature

To signature and vertication the undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information	
submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of	the
undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions)	

Signed Manual M Conclus

on 08/15/05 618/683

618 /683-960Z

l elephone Number

File Number U M DOWLING Name of Person Filing ZAMOH! B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested 8 Name and address of Business (including trade name if any) 9 Business deals with Name a Labor Organization Trade Name if any b Trust PO Box Bldg Room No if any c Employer Street City ZIP Code + 4 State 11 a Nature of such dealing 10 If 9 b or 9 c is checked give trust or employer's name Trade Name if any PO Box Bldg Room No if any Street 11 b Approximate dollar value of such dealing City 12 a Nature of Interest held or Income received ZIP Code + 4 State 12 b Amount. C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value 14 a Nature of payment. 13 a Name and address of Employer or Labor Relations Consultant ANNUAL HUNT (including trade name if any) FEIDAY- LUNCH, DINNER AKIN LAW FIRM SATURDAY-BREAKFAST, LUNCH. LAW FIRM Trade Name if any DINNER

JUNDAY - BREAKFAST,

14 b Amount of payment.

PLEASANT HUNTING,

TRAP-SHOOTING,

343.65

Street

State

PO Box Bldg Room No if any

WOODRIVER

13 b Is the Business an Employer 13 b

301 EVANS AVE

or Consultant

Name of Person Filing THOMAS M DOWLING	File Number U
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business strively seeking to represent or adirectly to or otherwise
8 Name and address of Business (including trade name if any)	9 Business deals with
Name	a Labor Organization
Trade Name if any PO Box Bldg Room No if any Street	b Trust c Employer
City	
State ZIP Code + 4	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	
Trade Name if any	
PO Box Bldg Room No if any	
Street	11 h Approximate dell'accepto assert design
City	11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received
State ZIP Code + 4	
	12 b Amount.
C Received from any employer (other than an employer covered un or from any labor relations consultant to an employer any payment of money.	der parts A and B above) ay or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.
Name LAKIN LAW FIRM	SCILDE CHRISTIMS PARTY
Trade Name if any LAW FIRM	
PO Box Bldg Room No if any	
Street 301 EVANS AVE	
City Weodriver 62095 State IL ZIP Code +4	
13 b is the Business an Employer XeS or Consultan - ?	14 b Amount of payment 65 00

Name of Person Filing THOMAS M DOWLING	File Number U
B Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or includeding with your labor organization or with a trust in which your labor organization.	ue from a business (1) a wise dealing with the business wely seeking to represent or lirectly to or otherwise
8 Name and address of Business (including trade name if any)  Name Anthony C Romold Itain ING CTE  Trade Name if any  PO Box Bidg Room No if any  Street Rural Rt #3  City Mt Streeting 62353  State IL ZIP Code +4  10 If 9 b or 9 c is checked give trust or employer's name  Name Anthony C Raidle Training CTE	9 Business deals with  a Labor Organization  © Trust  c Employer  11 a Nature of such dealing
Trade Name if any  PO Box Bldg Room No if any  Street RURAL RT #3  City MT. STERLING 62353  State IL ZIP Code +4	11 b Approximate dollar value of such dealing 12 a Nature of Interest held or Income received  Room & Food
	12 b Amount.   7.0 00
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	ler parts A and B above) y or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)  Name	14 a Nature of payment
Trade Name if any	
PO Box Bldg Room No If any	

14 b Amount of payment.

13 b is the Business an Employer

ZiP Code + 4

or Consultant

?

Street

City

State

Name of Person Filing THOMAS M DOWLING	File Number U
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is activated any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent or irectly to or otherwise
8 Name and address of Business (Including trade name if any) Southern Illinois, Illinois Employers Name Cooperation & Education & Trust  Trade Name if any LECET  PO Box, Bldg Room No If any PS Box 1240  Street 805W DEYOUNG ST  City Marion  State IL ZIP Code + 4	9 Business deals with  a Labor Organization  Cust  c Employer
10 If 9 b or 9 c is checked give trust or employer's name  Southern Illinois, Illinois Imployers  Name Cooperation & Education & Trust  Trade Name if any LECET PO Box Bidg Room No if any PO Box 1240  Street 805 W DEYOUNG ST  City Marion  State IL ZIP Code + 4	11 a Nature of such dealing  PROVIDES COOPERATION &  EDUCATION To Union &  SIGNATORY CONTRACTORS  11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received  KNIFE & FLASK
	12 b Amount, 42 81

3 a Name and address of Employer or (including trade name if any)	Labor Relations Consultant	14 a Nature of payment.	
Name			
Trade Name if any			
PO Box Bldg Room No if any			
Street			
City			
State	ZIP Code + 4		
13 b is the Business an Employer	or Consultant ?	14 b Amount of payment.	